

Solicitation Number:

PROPOSAL COVER PAGE

1. SUBMIT TO: Director U.S. Army Research Office ATTN: AMSRL-RO-RI P.O. Box 12211 Research Triangle Park, NC 27709-2211		2. For consideration by: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Biology/Life Sci <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science <input type="checkbox"/> Electronics <input type="checkbox"/> Mechanical <input type="checkbox"/> Environmental Sciences <input type="checkbox"/> Sensors & Electron Dev </div> <div> <input type="checkbox"/> Materials <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics <input type="checkbox"/> Comp & Info Sci <input type="checkbox"/> Weapons & Mtls Sci <input type="checkbox"/> Human Rsch & Eng <input type="checkbox"/> Surv/Lethality </div> </div>		3. Is this proposal being submitted to another Federal Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list the agency:	
6. Entity Identification Number (EIN) or Taxpayer Identification Number (TIN)		4. Is applicant delinquent on any Federal Debt? <input type="checkbox"/> Yes (Attach explanation) <input type="checkbox"/> No		5. Proposal Valid Until (min of 6 mos):	
7. Data Universal Numbering System (DUNS No.):		8. Commercial and Government Entity (CAGE) Code:			
9. Name of organization to which award should be made:			10. Administrative Address of Organization (if different):		
12. Submitting Organization's Contract/Grant Administration Office:			11. Branch/Campus/Other Component (where work is performed, if different):		
13. Submitting Organization's Audit Office:			14. Submitting Organization: (Check all that apply) <input type="checkbox"/> For Profit: <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Disadvantaged <input type="checkbox"/> 8a <input type="checkbox"/> Women-Owned <input type="checkbox"/> Foreign <input type="checkbox"/> Individual <input type="checkbox"/> Educational: <input type="checkbox"/> HBCU <input type="checkbox"/> Minority Institution <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian Tribal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Foreign <input type="checkbox"/> FDP <input type="checkbox"/> Hospital: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Other (Specify)		
15. Check appropriate box(es) if this proposal includes any of the items listed below: <input type="checkbox"/> Human Subjects <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Vertebrate Animals <input type="checkbox"/> Genetically Engineered Organisms <input type="checkbox"/> National Environment Policy Act <input type="checkbox"/> Limited Rights Data <input type="checkbox"/> Disclosure of Lobbying Activities <input type="checkbox"/> Unlimited Rights <input type="checkbox"/> Historical Places <input type="checkbox"/> Govt Purpose Rights Data <input type="checkbox"/> GFE <input type="checkbox"/> GFD <input type="checkbox"/> Proprietary Data <input type="checkbox"/> GFI <input type="checkbox"/> GFP <input type="checkbox"/> Ozone Depleting Substances		16. Proposed Amount:		19. Type of Award Proposed: <input type="checkbox"/> Single Investigator <input type="checkbox"/> Young Investigator Program <input type="checkbox"/> Short Term Innovation Rsch <input type="checkbox"/> Research Instrumentation <input type="checkbox"/> Conference/Symposia <input type="checkbox"/> Other (Specify):	
17. Proposed Duration (1-60 mos):		18. Proposed Start Date:		20. Title of Proposed Project:	
21. Principal Investigator (PI)/Project Director (PD) Department and Postal Address:					
TYPED NAMES		TELEPHONE NUMBER		FACSIMILE NUMBER	
22. PI/PD					
23. CO-PI/PD					
24 a. Primary Administrative Representative Authorized to Conduct Negotiations:					
24 b. Alternate Administrative Representative Authorized to Conduct Negotiations:					
25 a. Authorized Representative Signing for Applicant Organization:		25 c. By signing and submitting this proposal, the offeror is providing the certifications contained in this BAA.			
25 b. Title:		25 d. Signature		Date:	